

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

| | | |
|---|--|--|
| 1. (a) Name of Individual, Organization or Corporation AMERICANS FOR PROSPERITY | | |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1310 N Courthouse Rd Ste 700 | | |
| (c) City, State and ZIP Code ARLINGTON VA 22201 | | 3. FEC Identification Number C C90013285 |
| 2. Occupation and Name of Employer (for Individual Filers Only) | | |

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report ☐ 24-Hour Report
☐ October 15 Quarterly Report ☒ 48-Hour Report
☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| | | | | |

5. COVERING PERIOD:

FROM

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| | | | | |

THROUGH

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| | | | | |

| | |
|---|-----------|
| 6. TOTAL CONTRIBUTIONS..... | 0.00 |
| 7. TOTAL INDEPENDENT EXPENDITURES | 105097.11 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Tim Carnahan

SIGNATURE

Tim Carnahan

DATE

[Electronically Filed]

09/21/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICANS FOR PROSPERITY

Full Name (Last, First, Middle Initial) of Payee

Ajilon Professional Staffing

Date of Public Distribution/Dissemination

MM / DD / YYYY
09 / 21 / 2016

Mailing Address Dept CH 14031

Amount

1126.40

City State Zip Code
Palatine IL 60055

Transaction ID : F57.5262

Purpose of Expenditure
Phone BankingCategory/
Type 004Office Sought: ☐ House State: MO
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
JASON KANDERCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 439149.27Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

AMERICANS FOR PROSPERITY

Date of Public Distribution/Dissemination

MM / DD / YYYY
09 / 19 / 2016Mailing Address 1310 N Courthouse Rd
Ste 700

Amount

8311.53

City State Zip Code
ARLINGTON VA 22201

Transaction ID : F57.5258

Purpose of Expenditure
Staff SalariesCategory/
Type 001Office Sought: ☐ House State: MO
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
JASON KANDERCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 343490.09Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

AMERICANS FOR PROSPERITY

Date of Public Distribution/Dissemination

MM / DD / YYYY
09 / 19 / 2016Mailing Address 1310 N Courthouse Rd
Ste 700

Amount

4687.00

City State Zip Code
ARLINGTON VA 22201

Transaction ID : F57.5259

Purpose of Expenditure
Canvassing ExpensesCategory/
Type 001Office Sought: ☐ House State: MO
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
JASON KANDERCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 348177.09Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 14124.93

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICANS FOR PROSPERITY

Full Name (Last, First, Middle Initial) of Payee
Cornerstone Staffing

Date of Public Distribution/Dissemination

MM / DD / YYYY
09 / 21 / 2016

Mailing Address PO Box 909

Amount

City State Zip Code
Grapevine TX 76099Amount
1126.40

Transaction ID : F57.5263

Purpose of Expenditure
Phone BankingCategory/
Type 004Office Sought: ☐ House State: MO
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
JASON KANDERCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 440275.67Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
The Singularis Group

Date of Public Distribution/Dissemination

MM / DD / YYYY
09 / 21 / 2016

Mailing Address P.O. Box 9265

Amount

City State Zip Code
Shawnee Mission KS 66201Amount
23190.00

Transaction ID : F57.5260

Purpose of Expenditure
Mailers ("Kander Healthcare and ObamaCare")Category/
Type 004Office Sought: ☐ House State: MO
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
JASON KANDERCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 371367.09Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
United States Postal Service

Date of Public Distribution/Dissemination

MM / DD / YYYY
09 / 21 / 2016

Mailing Address 475 L'Enfant Plaza Sw

Amount

City State Zip Code
Washington DC 20260Amount
66655.78

Transaction ID : F57.5261

Purpose of Expenditure
Postage for Mailers ("Kander Healthcare and ObamaCare")Category/
Type 004Office Sought: ☐ House State: MO
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
JASON KANDERCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 438022.87Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 90972.18

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 105097.11
(carry total from last page forward to Line 7)